FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000054979 (4)

AAWAZ ENTERPRISE, INC.

FILED Mar 19 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							(100)1001 (10 (01) (00)) 00111 00111 00111 0111	
7034 NW 169TH STREET 7034 NW 169TH S			1					
MIAMI FL 33015		MIAMI FL 33015					DO NOT WRITE IN THIS SPACE	
						,	3. Date Incorporated or Qualified	
							05/19/1997	
9 Principal P	Place of Business	2a. Mailing Address					4. FEI Number Applied For	
	lace of business						65-0756620 Not Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.					¢0.75 Additional	
_	#, DIG.	27					5. Certificate of Status Desired Fee Required	
City & State		City & State					6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees			
Zip	Country	7 _(p)	Cou	untry	,		8. This corporation owes or has paid the current year Intangible	
24	25	29	30	,			Personal Property Tax due June 30. X Yes No	
[49]	9. Name and Address of Curren		1901	Υ			10. Name and Address of New Registered Agent	
M	DOSA, WAZIRALI			81	Nami	9		
	34 NW 169TH STREET							
	AMI FL 33015			82	Stree	t Addres	ess (P.O. Box Number is Not Acceptable)	
WIL	AMI FL 33013			83				
				84	City		FL 85 Zip Code	
44 Durewant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statu	les the s	bow	o-name	d corpo	oration submits this statement for the purpose of changing its registered	
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was alions of, Section 607.0505, Fl	authorize lorida Sta	d by	the co	rporatio	on's board of directors. I hereby accept the appointment as registered	
SIGNATURE								
	Signature, typed or printed name of registered agr			d Ape	eni signati	re required	ed when reinstating) DATE	
12.	OFFICERS ANI		13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.11	1.1 TITLE			☐ Change ☐ Addition	
NAME	MOOSA, WAZIRALI		1.2 N	1.2 NAME				
STREET ADDRESS	7034 NW 169TH STREET		1.3 \$	1.3 STREET ADD		;		
CITY-ST-ZIP	MIAMI FL 33015		1.4 0	ITY-S	Y-SI-ZIP			
TITLE	D	☐ DELETE	2.1 7	ITLE	Lŧ		Change Addition	
NAME	MOOSA, ASIF		2.2 N	NAME				
STREET ADDRESS	7034 NW 169TH STREET		238	3 STREET ADD		i		
CITY-ST-ZIP	MIAMI FL 33015		2.40	OTY-	ST-ZIP			
TITLE	D	DELFTE	3.1 T	ITLE			Change Addition	
NAME	MOOSA, ZARINA	3.		3.2 NAME				
STREET ADDRESS	7034 NW 169TH STREET		3.3 STREET ADDRESS		;			
CITY - ST - ZIP	MIAMI FL 33015		3 4. 0	HY-	ST-ZIP	1		
TITLE				ITLE		1	Change Addition	
NAME			4.21	NAME				
STREET ADDRESS					ADDRESS	; 		
CITY-ST-ZIP			4		T-ZIP			
TITLE		DELETE		5.1 TITLE		1	Change Addition	
HAME				5.2 NAME		1	_ · · _	
STREET ADDRESS			4		Annared	. [
	i I			5.3 STREET ADDRESS 5.4 City • St • Zip				
CITY-ST-ZIP TITLE			_	4 CHY-ST-ZIP 1 TITLE		 	Change Addition	
		_ bitti	6.2 N			1	C. Crange C. Francisco	
NAME								
STREET ADDRESS					ADDRESS	,		
CITY-ST-ZIP	ĺ		6.40	ITY-S	7 - 2iP	1		

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oals; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

difficulties (where Provided) 3/11/98